. S. No. 2
M—8-43
v. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 53778

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 16

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo., 6 days (Specify whether years, months or days)
In this community 1 mo., 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Iowa (b) County: Story
(c) City or town: Ames
(If outside city or town limits, write "RURAL")
(d) Street No.: 1420 Kellogg Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John Madson
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: Yes, not remembered
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wife, Doris Madson
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: March (Month) 3 (Day) 1895 (Year)

8. AGE: Years 49 | Months 11 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace: Lowden, Iowa (City, town, or county) / (State or foreign country)
10. Usual occupation: Farming & Barbering - unemployed
11. Industry or business: " "
FATHER 12. Name: Matthew Madson
13. Birthplace: Bargon (City, town, or county) Iowa (State or foreign country)
MOTHER 14. Maiden name: Not known
15. Birthplace: Not known (City, town, or county) / (State or foreign country)
16. (a) Informant: Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address:
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-5-45 (Month) (Day) (Year)
(c) Place of removal: Ames, Iowa
18. (a) Signature of funeral director: Herbert Hope
(b) Address: HERBERT HOPE, Undertaker Excelsior Springs, Mo.
19. (a) 2-5-45 (Date received local registrar) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1945 hour 12:00 minute Noon M.
21. I hereby certify that I attended the deceased from December 30, 1944 to February 5, 1945; that I last saw him alive on February 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary, chronic, far advanced, active III, moderate	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pneumothorax, spontaneous	15 days
Empyema, left	19 days

Major findings:
Of operations:
Of autopsy: AS SHOWN ABOVE

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): --
(b) Date of occurrence: --
(c) Where did injury occur? (City or town) (County) (State): --
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place): --
While at work? (e) Means of injury: --
23. Signature: Ernest M. Tapp (M. D. or other) MD
Address: ERNEST M. TAPP, Lt. Col. M.C. Veterans Administration Excelsior Springs, Mo. Date signed 2-5-45

1166 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
trict. File Number
Filed 3-7-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Jose A. Moles

Licensed Embalmer No. 3296.

P.O. Address Ex Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.